DIRECTORY CHANGE FORM

PLEASE USE THIS FORM TO SUBMIT CHANGES TO THE DIRECTORY OF CERTIFIED CHEMICAL DEPENDENCY SERVICES IN WASHINGTON STATE. This form is available on our website: http://www.dshs.wa.gov/DASA/services/certification/Directory/Directory.shtml.

IF THE CHANGE IS RELATED TO AN AGENCY, PLEASE RESPOND BELOW:

Agency Name: _____ Agency Directoy #: _____

Agency Name Line 2: _____

OLD INFORMATION:	NEW INFORMATION:
	E-mail Address:
	Webpage:

IF THE CHANGE IS RELATED TO AN APPENDIX OR OTHER AREA, PLEASE RESPOND BELOW:

Appendix #: _____ Page #: _____ Appendix Name: _____

OLD INFORMATION:	NEW INFORMATION:

Person submitting change: _____

Title: _____

Address: _____

_____

Phone: _____ Fax: _____ E-mail: _____

Date: _____ Do you want the e-mail listed in the Directory? ☐yes ☐no

MAIL DIRECTORY CHANGE FORM TO:

CERTIFICATION SECTION
DIVISION OF BEHAVIORAL HEALTH AND RECOVERY
POST OFFICE BOX 45330 (MS: 45330)
OLYMPIA, WASHINGTON 98504-5330
FAX: 360-586-0343 Questions, call 360-725-3700, Toll free 1-877-301-4557
E-MAIL: dennis.malmer@dshs.wa.gov

RCVD INITIALS _____
Ok for Data Entry _____
DATE: _____

DBHR OFFICE USE ONLY:

Date change entered: _____ ☐ FacilityEdit Initials: _____
☐ ISATS ☐ E-mail Excel ☐ Appendix #

Copies distributed to:
Date _____
Initials _____

☐	Region #___ Administrator	
☐	Region #___ Treatment Mgr	
☐	Region #___ Cert. Specialist	
☐	Cert. Provider Request Mgr	Renee Anderson
☐	Appendix Owner	
☐	Appendix Owner	
☐	Other	
☐	Contracts	Phil Thompson
☐	MIS (closures only)	
☐	Original to Agency Certification File	

QA by: _____ Date _____ Manager's initials: _____ Date _____